

**Department of Human Resources
Office of Regulatory Services**

**Chapter 290-2-5
Rules and Regulations for Child Caring Institutions**

**Rules and Regulations for Group Homes Serving Medically Fragile Children
290-2-5-.20**

290-2-5-.20 Group Homes Serving Medically Fragile Children. In addition to meeting all other provisions of this chapter, the following shall apply to child caring institutions to be known as group homes providing services to medically fragile children:

(1) Definitions.

(a) “Medically Fragile Children” means any child who, because of an accident, illness, congenital disorder, abuse or neglect, has been left in a medically stable condition, but dependent on life sustaining medications, treatments, equipment and assistance with activities of daily living.

(b) “Activities of Daily Living” means assistance with eating, dressing, bathing, grooming and toileting.

(c) “Nursing Services” means those services that may only be provided by licensed registered nurses or licensed practical nurses pursuant to the regulations established under Georgia law. O.C.G.A. 43.26-3 et seq.

(d) “Professional Services” means services provided by a licensed or certified professional such as an audiologist, clinical social worker, dentist, dietician, family therapist, occupational therapist, optometrist, pharmacist, physical therapist, physician, podiatrist, psychologist, respiratory therapist, speech-language pathologist and others as needed to implement the child’s Individual Service Plan.

(e) “Transfer Agreement” means a written contract with other institutions providing for transfer of a child between the group home and another licensed facility and for interchange of medical and other information when the group home cannot provide the level of care needed by the child.

(f) “Group Homes Serving Medically Fragile Children” means a child caring institution which provides residential care, not exceeding 180 days, to no more than twelve (12) medically fragile children, birth through 18 years, integrated health services, assistance with activities of daily living and social services who require a transitional placement in a community living atmosphere, prior to an appropriate longer term residential placement.

(2) Provision of Services.

(a) Group homes providing services to medically fragile children shall not admit or retain children whose need they cannot meet. These group homes shall not provide services for which another more specific license would otherwise be required.

(b) Where the child caring institution serves as a placing agency, the child caring institution shall determine that arrangements have been made to meet the needs of the child in the new placement and ensures that such needs are met.

(c) A group home serving medically fragile children shall not serve more than twelve (12) children all of whom must meet the definition of medically fragile children.

(d) Where the premises are used for purposes other than to provide residential services to medically fragile children, the residential group home must identify a separate self-contained space for the exclusive purposes of the group home.

(3) Transfer Agreement. Group homes shall have a written transfer agreement in effect with one or more hospitals.

(4) Professional Services.

(a) For professional services not provided directly by the agency, there must be a current letter of agreement or contract on file defining the services to be provided.

(b) Professional services directly provided by the group homes shall only be provided by persons who hold a current license or certification.

(5) Record Keeping.

Each group home shall maintain a medical record on each child containing sufficient information to validate the diagnosis and to establish the basis upon which treatment is provided. The record shall normally contain the following:

- (a) The name, address and telephone number of the physician;
- (b) Admitting diagnosis;
- (c) The physician's pre-admission certification;
- (d) Assessment and care plan;
- (e) Treatment and medication orders;
- (f) Physician's progress notes;
- (g) Nurse's notes;
- (h) Special examinations and reports;

- (i) Therapy notes and reports; and
- (j) Medical condition of child upon discharge from the group home.

(6) Pre-admission.

(a) Prior to admission a child must have a current medical history and physical assessment sufficient to provide appropriate care and treatment to meet the child's needs.

(b) A physician must certify in writing that the child's known needs can be met by the group home.

(c) Prior to admission the referral source and the group home staff must complete a discharge plan that identifies the planned date and potential placement at discharge.

(7) Director.

The Director of a group home providing services to medically fragile children shall possess qualifications identified in the provisions of rule 290-2-5-.08(3)(a) & (b) or possess a currently valid Georgia license as an registered nurse, licensed practical nurse or medical doctor or other licensed health care professional and two years experience in their profession.

(8) Staffing. In addition to the staffing provisions set forth in rule 290-2-5-.08(6), the group home shall also meet the following staffing requirements:

(a) There shall be sufficient qualified staff in attendance at all times to ensure proper supervision of and provision of services to children based on the assessed needs and individual service plans.

(b) There shall be, at a minimum, one awake staff on duty at all times who is trained in first aid and has a current CPR certificate.

(c) There shall be sufficient nursing staff on duty to provide care for each child according his/her assessed needs and service plan. Nursing services shall be provided by a licensed registered nurse or a licensed practical nurse.

(9) Physician Services.

Each child shall be under the continuing care of a physician. The child shall be seen by a physician at least once every thirty (30) days following admission. A progress note of the visit is maintained in the case record.

(10) Infection Control.

(a) The group home shall have an effective infection control program to reduce the risks of infections originating, occurring or acquired in the group home to children, employees, volunteers and visitors. Appropriate hand sanitization equipment shall be easily accessible throughout the group home.

(b) The director and all employees shall participate in the infection control program.

(c) At a minimum, the program shall specify policies and procedures for infection control that apply to all areas of the group home and these shall include at least the following:

(1.) Procedures to isolate children as deemed appropriate;

(2.) Procedures for handling and disposing of hazardous waste products and soiled linens and diapers;

(3.) Procedures for hand washing and hand antisepsis;

(4.) Procedures to ensure that any person whose duties include direct child care, handling food, or handling clean linen, and who has an acute illness such as “strep” throat, or any open sore or boil, shall not be allowed to work until no longer considered contagious; and

(5.) Procedures for reporting communicable diseases as required by the rules and regulations for notification of disease which have been promulgated by the Department.

(d) Policies and procedures for infection control shall be written, assembled and available to all staff. Such policies and procedures shall be included in the orientation training of every staff member and shall include a plan for on-going training on infection control and prevention as needed.

(e) The infection control program shall be evaluated at least annually to determine the effectiveness of the program at lowering the risks of infections to children, employees, volunteers and visitors. Changes in the infection control program shall reflect consideration of the results of the evaluations. Staff shall be trained on all changes to the policies and procedures within thirty (30) days.

(11) Employee Health.

(a) The group home shall require that each employee receive a physical examination prior to working with children. The examination shall be in sufficient detail with pertinent laboratory and x-ray data to ensure that the employee does not represent a health risk to the children.

(b) At a minimum, on an annual basis each employee will have a physical examination to help ensure freedom from communicable diseases. As part of the annual examination or physical assessment a tuberculosis skin test will be given to all previous negative reactors. If the skin test is positive, a chest x-ray will be required unless determined to not be medically necessary. The individual must be referred to his physician or appropriate health authority for possible prophylaxis treatment.

(c) Copies of all initial and annual physical examinations shall be maintained by the group home. These files shall be available for inspection by the Department or other appropriate enforcement authorities on the premises.

(12) Assessment and Service Plan.

(a) In addition to the provisions of Section 290-2-5.10, a group home serving medically fragile children shall also:

(1.) Ensure that an initial assessment and service plan be developed by a registered nurse on the same day of admission and include at least personal hygiene, immediate dietary needs, medication, and ambulation;

(2.) Ensure that the service plan be completed for each child within ten (10) days of admission. The interdisciplinary plan shall be based on oral and written communication with and assessments provided by medical and social work staff. The service plan shall specifically identify how these needs will be met either as provided directly or through an arrangement with outside providers; and

(3.) Ensure that the service plan be reviewed and revised as necessary, at least every thirty (30) days, or whenever the child experiences a significant change in condition.

(13) Equipment.

(a) All specialized equipment necessary to meet the needs of the children shall be maintained in clean and working order.

(b) The group home must have an emergency generator if life-support systems (ventilators, oxygen from a concentrator or suctioning equipment) are being used to meet the needs of children in care. An emergency generator is not required if life support systems are not used.

(14) Emergency Plans and Procedures; Accessibility; and Safety.

(a) The group home shall develop written emergency plans, policies and procedures which shall include plans and procedures to be followed in case of medical emergencies, power failures, fire, other emergency evacuations or natural disasters.

(b) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, fire alarms, and fire extinguishers, and all other emergency procedures shall be conspicuously posted throughout the group home.

(c) The emergency plan must include a provision that group homes notify fire and police departments and local utility companies of their existence.

(d) All employees shall be trained initially at orientation and annually thereafter in such emergency procedures to be followed in the event of an emergency and instructed in the use of fire-fighting and other emergency equipment and resident evacuation.

(e) Procedures for emergencies shall specify persons to be notified, process of notification and verification of notification, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating residents, procedures for reentry

and recovery, frequency of fire drills, tasks and responsibilities assigned to all personnel, and shall specify medications and records to be taken from the group home upon evacuation and to be returned following the emergency.

(f) The group home shall maintain documentation of periodic checks of fire alarms and extinguishers.

(g) Group homes serving a child dependent upon a wheelchair or other mechanical device for mobility shall have:

(1.) At least two exits from the home, remote from each other that are accessible to the child and with easily negotiable ramps.

(2.) All doorways and hallways leading to exits, as well as bathrooms, must accommodate wheelchair access.

(3.) The bathroom shall be of sufficient size to accommodate a wheelchair and a staff person.

(h) Showers, tubs and toilets shall have grab bars firmly installed and convenient to use.

290-2-5-.21 Enforcement and Penalties. Enforcement of these rules and* regulations shall be done in accordance with Rules and Regulations for Enforcement of Licensing Requirements, Chapter 290-1-6, and O.C.G.A. 49-5-12 and 49-5-12.1, Penalties for Violations of Child Welfare Agency Laws and Regulations.

290-2-5-.22 Emergency Orders.

(1) In accordance with O.C.G.A. 49-5-90 *et seq.*, notwithstanding other remedies* available to the department which may be pursued at the same time, the commissioner or his designee may issue emergency orders. Such orders may include the following:

(a) Emergency relocation of residents when it is determined that the residents are* subject to an imminent and substantial danger.

(b) Emergency placement of a monitor or monitors in an institution upon a finding that* the department's rules and regulations are being violated which threaten the health, safety, or welfare of children in care and when one or more of the following conditions are present:

1. The institution is operating without a license; or *

2. The department has denied the application for the license or has initiated action to* revoke the existing license; or

3. Children are suspected of being subjected to injury or life-threatening situations or* the health or safety of a child or children are in danger.

(c) Emergency prohibition of admissions to an institution when residents are in* imminent and substantial danger and the institution has failed to correct a violation of rules and regulations within a reasonable time, as specified by the department. Such violation giving rise to the prohibition could jeopardize the health and safety of the residents if allowed to remain uncorrected or is a repeat violation over a twelve month period.

- (2) An emergency order shall contain the following: *
- (a) The scope of the order; *
- (b) The reasons for the issuance of the order; *
- (c) The effective date of the order if other than the date the order is issued; *
- (d) The person to whom questions regarding the order are to be addressed; and *
- (e) Notice of the right to a preliminary hearing. *

(3) Unless otherwise provided in the order, an emergency order shall become* effective upon its service to the owner, the director, or any other agent, employee, or person in charge of the institution at the time of the service of the order.

(4) Prior to issuing an emergency order, the commissioner or his designee may* consult with persons knowledgeable in the field of child care and a representative of the institution to determine if there is a potential for greater adverse effects on children in care as a result of the emergency order.

290-2-5-.23 Waivers and Variances. The department may, in its discretion, grant* waivers and variances of specific rules upon application or petition being filed by an institution. The department may establish conditions which must be met by the institution in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

(a) Variance. A variance may be granted by the department upon a showing by the* applicant or petitioner that the particular rule or regulation that is subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of the children exist and will be met in lieu of the exact requirements of the rule or regulations in question.

(b) Waiver. The department may dispense entirely with the enforcement of a rule or* regulation upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of the children.

(c) Experimental Variance or Waiver. The department may grant waivers and* variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.

290-2-5-.24 Severability. In the event that any rule, sentence, clause or phrase of* any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part of these rules.